

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

Form Approved
Budget Bureau No. 22-R 264

NOTE: The contractor shall complete Items 3 through 13 and submit the request, in quadruplicate, to the contracting officer.

1. TO: Solicitor of Labor U. S. Department of Labor Washington, D. C. 20210	2. FROM: (Reporting Office)
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3. CONTRACTOR	4. DATE OF REQUEST
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5. CONTRACT NO.	6. DATE OF BID OPENING (If advertised)	7. DATE OF AWARD
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8. SUBCONTRACTOR (If any)

9. PROJECT AND DESCRIPTION OF WORK (Use reverse or attach additional sheets if necessary)

LOCATION (City, County and State)

11. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION

NO. _____ DATED _____		
a. CLASSIFICATION(S)	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS

12. SUBCONTRACTOR REPRESENTATIVE (If any) SIGNATURE AND TITLE	13. PRIME CONTRACTOR REPRESENTATIVE SIGNATURE AND TITLE
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TO BE COMPLETED BY CONTRACTING OFFICER (Check as appropriate - see ASPR 18-704.4)

☐ APPROVED

☐ THE INTERESTED PARTIES CANNOT AGREE UPON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE SECRETARY OF LABOR IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.

SIGNATURE AND TITLE OF CONTRACTING OFFICER OR HIS REPRESENTATIVE